



BOARD OF MEDICAL QUALITY ASSURANCE

375 W. HOSPITALITY LN., #270
SAN BERNARDINO, CA 92408
(714) 383-4755



October 17, 1988

Kathryn L. DeVera
14960 Los Robles
Hacienda Heights, CA 91745-2616

Dear Dr. DeVera:

We have received information that you are unable to practice medicine at this time. We will not schedule an Administrative Hearing because we have learned that you wish to voluntarily surrender your license and D.E.A. certificate for cancellation.

Therefore, we make this offer to you. We agree to not proceed with an Administrative Hearing if you agree to voluntarily surrender your license and D.E.A. certificate for immediate and permanent cancellation, with the understanding that you may, in the future, request to have your license and D.E.A. certificate be reinstated, if you can show you are mentally competent to practice medicine.

Please consult with your attorney and/or conservator on this matter. If you agree, please sign the extra copy of this letter. Also have a witness sign below your name, preferably your attorney and/or conservator.

Once we receive your license and D.E.A. Surrender Form, and pick up your license and D.E.A. certificate for cancellation, we will close this case.

Sincerely,

Vernon A. Leeper
VERNON A. LEEPER
Chief
Enforcement Program

Attachment

I agree with the above offer. I voluntarily surrender my license and D.E.A. certificate for cancellation.

DATE

Oct 17, 1988

SIGNATURE

WITNESS

Kathryn L. DeVera, M.D.
For [Signature], Attorney in Law